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TRANSMITTAL FORM

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2851
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		Application Number	09/873,465
		Filing Date	June 4, 2001
		First Named Inventor	Allen J. Rushing
		Art Unit	2851
		Examiner Name	Andrew T. Sever
Total Number of Pages in This Submission	44	Attorney Docket Number	105

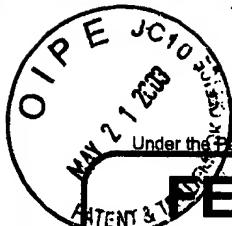
ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply 26 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	Copy of IDS citation (15 pages)
<input type="checkbox"/> Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Allen J. Rushing, applicant pro se
Signature	Allen J. Rushing
Date	May 19, 2003

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Signature	Allen J. Rushing	Date	May 19, 2003

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EE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180 00

11/1988

METHOD OF PAYMENT (*check all that apply*)

Check Credit card Money Order Other None
 Deposit Account:

The Director is authorized to: (check all that apply)

Charge fee(s) Indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee
to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		<u>Fee Description</u>	<u>Fee Paid</u>
Fee	Fee	Fee	Fee		
Code	(\$)	Code	(\$)		
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	<input type="text"/>	-20** =	<input type="text"/> X <input type="text"/>	<input type="text"/>
Independent Claims	<input type="text"/>	- 3** =	<input type="text"/> X <input type="text"/>	<input type="text"/>
Multiple Dependent	<input type="text"/>		<input type="text"/>	<input type="text"/>

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>
<u>Fee Code</u>	<u>Fee Code</u>	<u>Fee Description</u>
1202	18	2202 9 Claims in excess of 20
1201	84	2201 42 Independent claims in excess of 3
1203- 280		2203 140 Multiple dependent claim, if not paid
1204	84	2204 42 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

***or number previously paid, if greater; For Reissues, see above*

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	Allen J. Rushing	Registration No. (Attorney/Agent)	—	Telephone 585 671-8045
Signature	Allen J. Rushing, applicant pro se		Date	May 19, 2003

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